

MAR 06 2007

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FROM: James J. Mullen

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Comments:

Atty Docket No: 621552000100
 Application No. 10/586,746
 Filed: January 23, 2005
 Inventors: Benjamin SREDNI et al
 Art Unit: NOT ASSIGNED
 Examiner: NOT ASSIGNED
 Title: THERAPEUTIC METHODS AND PHARMACEUTICAL
 COMPOSITIONS FOR TREATING WARTS WITH TELLURIUM COMPOUNDS

Enclosed are the following documents:

1. Transmittal (1 page)
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page)

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ALOPEZ@MOFO.COM OR CALL 858-720-5126 AS SOON AS POSSIBLE.

SD-361911

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

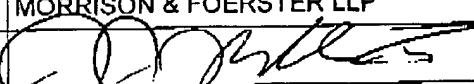
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/586,746
		Filing Date	January 23, 2005 (Int'l)
		First Named Inventor	Benjamin SREDNI
		Art Unit	Unknown
		Examiner Name	Unknown
Total Number of Pages in This Submission	3	Attorney Docket Number	621552000100

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal of Attorney or Agent and Change of Correspondence Address (1 page) Fax Cover (1 page)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

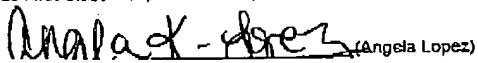
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	James J. Mullen III, Ph.D.		
Date	March 6, 2007	Reg. No.	44,957

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: March 6, 2007

Signature:

 (Angela Lopez)

PAGE 2/3 * RCVD AT 3/6/2007 6:13:18 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/3 * DNI:2738300 * CSID:8587205125 * DURATION (mm:ss):01:20

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PTO/SB/63 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/586,746
Filing Date	January 23, 2005 (Int'l)
First Named Inventor	Benjamin SREDNI
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	621552000100

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:
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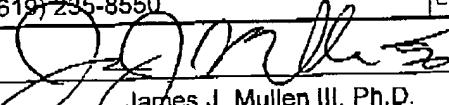
<input checked="" type="checkbox"/> Firm or Individual Name	Knobbe Martens Olson & Bear, LLP
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Address	550 West C Street, Suite 1200
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City	San Diego	State	California	Zip	92101
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Country	U.S.
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Telephone	(619) 235-8550	Email	
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Signature	
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Name	James J. Mullen III, Ph.D.	Registration No.	44,957
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Date	March 5, 2007	Telephone No.	(858) 720-7940
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

sd-361922

PAGE 3/3 * RCVD AT 3/6/2007 6:13:18 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/3 * DNIS:2738300 * CSID:8587205125 * DURATION (mm:ss):01:20